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The Structured Diary as an Aid in Counseling Parents

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THE STRUCTURED DIARY AS AN AID IN COUNSELING PARENTS

by

Helen K. Pancerz

A Dissertation Submitted to the Faculty of the Graduate School
of Loyola University in Partial Fulfillment of
the Requirements for the Degree of
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VITA

Helen K. Pancerz was born in Chicago on March 4, 1917. She graduated from Carl Schurz High School in January, 1933. She completed her undergraduate work at Wright Junior College and the University of Alabama, where she received the degree of Bachelor of Science in Physical Education in May, 1939.

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CHAPTER I

INTRODUCTION

May's (34) historical account of psychotherapy describes the many forms which such help has taken. A great variety of methods has been directed toward helping people with problems. The resultant successes and failures of these methods have either not been accounted for by objective analysis or have been exposed to inadequate experimental designs (3). Arnold (3) states that the successes may occur for reasons other than those given either by eclectics or the rigid followers of some "school." Consequently, though systematic studies to determine the conditions of successful therapy have been on the increase, psychotherapy is still widely regarded as an art.

A basic difficulty to research in psychotherapy existed until the advent of mechanical recording devices. These instruments have permitted a more accurate record of the interview than was possible when the therapist attempted to keep a written record of what had gone on. Though therapists recorded the succession of a client's statements as accurately as possible, they could not hope to remember every word, every nuance of feeling, and least of all, the exact depth of each emotional change. The use of recording devices presents problems, too. Clients, more concerned with their problems than with the advancement of science per se, may at times be self-conscious when facing a microphone, or even resent it or any other recording apparatus. They may hesitate to give their consent for the recording of the interview. In spite of

the handicaps which have delayed the progress of empirical work in psychotherapy, clinical psychologists have, in recent years, made many contributions toward an understanding of the process. There has been a variety of theoretical orientations exposed to study.

Most of the reported research in psychotherapy deals with one or another aspect of the meeting between client and therapist. With the exception of one other study, which will be reviewed in the next chapter, no other investigation of the interval between appointments seems to have been made. Yet, in 1942, Rogers (14) indicated that this interval ought to be examined empirically. It is assumed that within this period the client reviews, reflects, gains new understanding of himself and of others. It is even possible that the client puts this knowledge into practical use. When he arrives for the next counseling appointment, the client frequently reports progress. He may often fail to mention or even to remember the subtleties of experience or of thinking that led to new ways of seeing his situation and then to new ways of reacting to it. Symonds and Dietrich (57) found that therapists recalled interview material with only 39% completeness immediately after the session and with only 23% completeness after a seven-day interval. One can then question the memories of emotionally involved parents as they describe the events of the week.

In order to provide one voluble mother with the opportunity to record the many details of her son's behavior as well as the feelings which this behavior aroused, the writer suggested a form of structured diary to allow immediate release of feelings. At the time it was primarily intended as a timesaver so that more of the "fifty-minute hour" could be devoted to the development of insight, self-understanding, and problem-solving. The non-directive form of

interview was the principal method used during the counseling period. An occasional resort to more directive psychotherapy was made when it seemed to be necessary. The feelings which the client expressed in the interview seemed to lead to better self-understanding. These insights then apparently gave her the incentive to attempt a similar self-examination in the course of writing the diary. As a result of the careful scrutiny of feelings and action which this procedure allowed daily, a more rapid emotional maturation seemed to occur. This method was then attempted with 17 other parents, with variable results. These results as well as the diaries will be examined in the body of this study.

The purpose of this research is to discover the effect upon attitudes toward others and the self that such a structured diary appears to produce when used as an adjunct to the counseling interview. It is not intended to be used independently of the interview, nor is it considered to be the sole effector of changes in the client. It does, however, seem to reduce tensions between visits and to permit a continuation of the growth in self-understanding that occurs in the interview. The result of such growth may be apparent in better interpersonal relationships. The reorganization of one's emotional reactions should free the person to act more reasonably (11) when dealing with others.

Consideration for the feelings of others is one indicator of maturity and may appear in the diaries of those parents who are sincere in their purpose. Study of the diaries may reveal such a change by demonstrating a shift of attention from the parent's feelings alone, to attention to their effect upon the child. As the parent becomes more acutely aware of his or her part in the

creation of the problem situation in the home and then does something positive, the improvement of the emotional climate in the home may be apparent in the diary entries. Such awareness seems to arise and to be accepted even in the absence of the understanding therapist.

The diaries in this investigation differ from those which Allport (1) considered and from those which are reported in the literature. Unlike these studies, the present one uses diaries which were far more structured. Furthermore, they were written with the full knowledge of their authors that the contents would be read by another person. Where the author is motivated by a sincere desire to grow in self-knowledge, to improve the relationship between self and child, there seems to be a stimulus to examine the self more honestly.

In every instance where illustrative material is quoted, all identifying characteristics have been altered to preserve the anonymity of the clients. The author is grateful to them, for without their efforts and cooperation this research would not have been possible.

CHAPTER II

REVIEW OF LITERATURE

The use of diaries in psychological research is not new. Until Patrick's report to the Midwest Psychological Association in 1948 on a "selective" diary, this type of personal document had been primarily used as a source for research on the adolescent (18), (22), (27), (31), (49), (54), (60), (61), or as an historical logbook in the development of mental illness of particular patients under treatment (8), (12), (22), (47), (52). Allport's examination of bibliographies and abstracts revealed fewer than ten studies per year on any of the six forms of personal documents which he considers in his monograph (1 p. 68). Even in his thorough study of personal documents, diaries receive only limited attention. He also expresses disappointment with the selectivity of the sample available. When diaries are available, they seem to be biased in the direction desired by the writer, particularly if they are written for publication purposes. Allport eliminates egoism as the main motive, quoting the English layman who made a study of 120 diaries, "because most people are egotists, whether they are diary writers or not." The other motives listed by Ponsonby (42) which Allport seems to accept are: "habit, 'the itch to record,' a desire for methodical memoirs, self-dissection, penitence, relief from tension, and self-pity" (1 p. 99).

A survey of the Psychological Abstracts from volume one through 1957, reveals how limited the literature on diaries is: no entries in sixteen

volumes, twelve foreign language articles out of seventeen investigations. Of the seventeen, nine were studies on adolescent diaries, some of them collected from psychotic patients for a better understanding of the prepsychotic person. The single item which deals with a type of diary which is similar to the structured form under study in this research is the abstract in The American Psychologist of Patrick's afore-mentioned paper (41). This paper was unpublished, but Dr. Patrick submitted the following statements:

My assumption was that people with personal problems continue to work at these problems between the counseling sessions. Consequently, not being able to meet them for the counseling session as frequently as they needed to be met I hit upon the idea of having the client jot down the perseverative thought processes and feelings that came to them about their problems. They were also asked to write down the situation they were in at the times they felt under the most stress. Since life structures situations for people, I was after getting them to think in terms of the relationship between their feeling and the situations in which they found themselves. Moreover, the writing down of the ideas tended to give some kind of release but above all, it helped them to objectify their feelings and thinking. The clients were asked to bring these notes back to a later counseling session and read them to me. This sort of gave a "mirrored picture" of how they were reacting between counseling sessions. Surprising how much this started the client to thinking objectively.¹

A somewhat comparable effort with an avowed eclectic point of view was Nicolaysen's (40) technique with one male college student. The document-style was autobiographical. The subject wrote for several hours each day on whatever topic occurred to him: "childhood experiences, random thoughts on many subjects, disconnected free associations, statements of ideals, philosophy of life, a few quotations on psychological and philosophical topics." This appears to be a psychoanalytically toned self-examination, although the concept

¹Personal communication - July 19, 1957.

of insight was considered "useful," since the introspective writing was done for the purpose of better self-understanding. The self-analysis terminated after three months. At that time, the subject answered the questions on the Bell Adjustment Inventory. Some of the questions were edited so that they might apply to the period before the analysis and again after the analysis. Nicholaysen himself questioned the validity of this use of the inventory. He concluded that the physical and emotional effort expended during the writing resulted in reorganization of the subject's thinking and, consequently, in an improvement of his attitudes and his behavior.

The capacity to observe the self more objectively becomes possible when the client increases his knowledge of himself. The increase in knowledge of the self is a necessary condition if the client is to cope more satisfactorily with the problems that arise. It is this fact which Forehlich (17) found to be an important criterion after making his investigation of self-knowledge. He stated that self-knowledge cannot be the only aim in counseling, but gains significance if it leads to "more intelligent, more constructive, or more adaptive postcounseling behavior" (17, p. 12). Kamm and Wrenn (25) found that rapport, readiness to act, and a positive attitude are essential before the client can accept self-information and alter his behavior.

How to measure this behavior or the possible change in behavior is an area which has been receiving consistent attention since the nineteen forties. In a symposium on the then new trends in this area, Hunt found an abundance of explanatory theories in psychotherapy, but few of them "a source of either measuring instruments or hypotheses subject to test (23, p. 122). One of the methodological alternatives which he offered was that of describing the process

in terms of dynamic behavior theory. This was done by Leary (30) who found not only the hoped-for fruitful leads for measurement, but proposed and described various levels at which behavior of psychiatric clinic clients can best be described.

Kubie (29), in 1947, indicated technical developments which were necessary before interviews could be recorded. This was a realistic comment pointing out the subjective element when the therapist attempts to record what happened. To jot down the successive statements of client or therapist is difficult if one waits until after the client leaves. Kubie also found that subtleties can be missed, particularly if ideas are repeated monotonously. Auld and Murray (4) add another criticism of early studies: the absence of techniques which would allow objective conclusions; in their place were reports of impressions and opinions.

The introduction of recording devices and the developments in methodology and theory have resulted in making interview materials available for research. Since the nineteen-forties, much has been published on the subject of content-analysis. Auld and Murray (4) divide such studies into three classes: 1) methodological studies which emphasize the development of measurements as opposed to the testing of hypotheses; 2) descriptive studies of cases which attempt to discover what goes on in the process of therapy; and 3) theoretically guided cases which seek to prove one or another hypothesis basic to a particular type of therapy, or to find cause-and-effect relationships.

Among the first group is Curran's work (11) which contains fairly complete reviews of the studies conducted by Rainy, Porter, Covner, and Snyder. Each of these avoids the error common to many previous studies of content-analysis.

These errors, according to Murray (38), include those measurements before and after therapy which fail to account for any relationship between the actual process and the outcome, or studies of verbal behavior that are limited to the analysis of grammar or the formal properties of language.

Snyder's study of the client's feelings seems particularly pertinent to the present research. He found that negative statements predominated in the first interview which dealt for the most part with the problem. A significant shift to positive statements occurred with the development of understanding and insight. He concluded that whether judges were trained or simply used the definition of terms supplied by the investigator, this method of scoring client statements ("ideas, i.e., a clearly indicated change in the subject matter or attitude of the client's thinking") was a valid method of analysis (55, p. 202).

The methods of assessing therapeutic progress have been varied. In 1947, Dollard and Mowrer (13) devised a tension index which they called the Discomfort-Relief Quotient, or DRQ. This index was obtained by counting those words which, out of context, would indicate discomfort or tension; the words which would indicate relief of tension were also counted on each page; client tension was then given as a quotient obtained by dividing the number of tension words by the total of tension and relief words combined. This method was applied in the evaluation of progress in social case work. Case-workers of the Community Service Society of New York had estimated the amount of "movement" which had taken place in a number of their cases. When the DRQ was compared with the judgments of the caseworkers, "the obtained figure was low, of the order of .20," casting doubt on the validity of such a comparison (36, p. 257). When client judgments of the help received were compared with the amount of

change in situational behavior, the results were found to be non-discriminating.

Another type of quotient was used by Raimy (43) in evaluating the client's self-concept. The Positive-Negative-Ambivalent self-reference Quotient or PNvQ, is also intended to measure changes in therapeutic progress, but is directed at the changes in self-evaluation in counseling interviews. Kauffman and Raimy compared these two measures by applying both to the same set of seventeen interviews; their over-all impression was "one of very considerable similarity" (26, p. 382). They concluded that both methods are time-consuming, but that with equivalent training in both methods, judges can obtain the PNvQ in one third of the time necessary to get the DRQ. The investigators found that the DRQ can be applied to any kind of personal document, whereas Kauffman and Raimy specify the unit for the PNvQ as "the interruptions provided by two people in conversation with each other" (p. 384), thus apparently limiting this method to study of the interview only.

Snyder, in the course of his examination of the nature of non-directive therapy, set the following criterion for successful therapy: "To have changed the attitudes of the counselee in such a manner that his behavior was observably less disorganized and more integrated" (55, p. 196). Such a change in attitude appears to be particularly necessary when parents come for help with children who are unhappy and show their feelings in unacceptable behavior. Since the primary social environment with which the child becomes familiar in his home, the way that parents and other close to the child respond to him will affect the self-concept formed by the child (24). A recent recognition of this fact was taken by Sears et al. (51) who used interviews with 379 mothers as part of a research project conducted by the Laboratory of Human Development of

the Graduate School of Education of Harvard University. The purpose of the Sears study was to determine how children are reared, "since a child's earliest interpersonal experiences are with his family, and particularly with his mother" (p. 4). The findings were based upon interviews with mothers of five-year old children. These standardized interviews covered five dimensions of maternal behavior. The interviews were recorded and transcribed. The transcriptions allowed scoring and rating of the material, thus making quantitative measurement possible. Although the findings pertain to specific practices in child-rearing, they have some relevance to the present research. The process of child-rearing is defined by the Sears group as "all the interactions between parents and their children" (p. 457). These interactions between parent and child influence the manner in which he will respond to society now and in the future.

Recognizing the importance of the home environment, Sandford (50) made a study of mothers who came to an English clinic with their "problem children." She found that when mothers accepted as their own the feelings which they were projecting upon the child, the presenting symptoms in the child tended to disappear (p. 2). She concluded that treatment of the parent should aim at increasing the amount of insight which the mother had in the situation, thus lessening the amount of anxiety that the child experienced. This, according to Sandford, is necessary if the parent is to accept the responsibility of parenthood. According to Leary, human behavior is directed at the reduction of anxiety. When the child need no longer fear rejection by individuals or society, when he need not be threatened by loss of self-esteem or of the approval of others, then his adjustive behavior can be characterized by moderation,

flexibility, balance, appropriateness, and a more accurate perception of the environment. When a mother is anxious, showing it in her tone of voice, in her facial expressions, and in her speech, she transmits her feelings and attitudes to her child. The purpose of the structured diary is to reduce a mother's anxiety and thus improve her self-acceptance so that she can be free to accept her child with fewer negative attitudes.

Another approach to the problem of acceptance was made by McIntyre (32). He tested the Rogerian hypothesis that "the person who accepts himself will, because of this self-acceptance, have better interpersonal relationships with others." He concluded that his use of a socio-metric questionnaire led to the ambiguous results he obtained. A revaluation of this same hypothesis by Fey (16) included more measurements than the first study. His results prompted Fey's rejection of the earlier hypothesis. He found that the self-acceptance which one feels that he has, is independent of the actual acceptance by others. He concluded that genuine feelings may not have been measured in these studies since his correlations were low.

Barry (5), taking another approach, examined the relationship between the level of adjustment achieved by the individual and that individual's verbal reactions to himself and to the world. He concluded that if perceptual changes in these areas underlie changes in verbal reactions, more weight can be attributed to those theories and studies "which imply that global changes in adjustment level are related to changes in how people perceive themselves and their worlds" (p. 658). Those parents who used the writer's diary technique with some success support this statement, for their reported growth in self-understanding seemed to be accompanied by a change in their verbal reactions

and their handling of their children.

It seems like a platitude to say that parental attitudes influence the way that the problem behavior of a child will be handled. Unless parents make these adverse attitudes articulate, little hope can be held out for the permanence of any change in the child's emotional growth, whatever other therapeutic measures are employed. The child's continued presence in the same emotional environment would vitiate any progress achieved in therapy.

Durkin (14) adverts to the fact that some mothers who bring their children to a psychologist for help are often unwilling to accept treatment for themselves. Another condition may obtain: while they may express a willingness to cooperate in any program of therapy, they may find it difficult to assume any responsibility for the status quo. Three of the cases included in this study bear out this point. In these cases the mothers fit Durkin's description: "Diagnostically these mothers tend to suffer from neurotic personality disorders rather than full-blown psychoses" (p. 157). She found that when mothers become emotionally involved in the problem of the child and try to cope with their own problems, the dynamic relationships are changed, emotional factors become reduced, and the treatment of the child is safeguarded.

Arnold (3) points out that those who are prompted to seek help because of a specific problem must actually reorganize their entire life-pattern. According to Rogers (45), self-regarding attitudes reveal the quality of one's self-organization. He states that this is not a measure of basic adjustment, but finds that the capacity to consider objectively the situations in which one finds oneself can be a "measure of sound personality integration" (46, p. 380).

Such an organized self-perception, together with the capacity to make less emotional evaluations and judgments, seems to allow the individual more opportunity to act in the organized manner that is characteristic of a rational person. If the person cannot achieve these new ways of reacting through a change of attitudes, then his level of interpersonal relationships remains poor. The truth of these statements is seen in the three cases mentioned above (p. 13). These mothers could not change their apparent goals ("My child is bad and must change the way I want,") could not change the feeling that they themselves were consistently good and right. As a result, their children did not improve because the quality of the interpersonal relationships remained the same. These mothers seemed to use the diary to justify their positions. With such mothers, the diary seems a poor technique to use, for they apparently draw false conclusions as a result of their emotional blocks.

The most comprehensive study to date of the psychotherapeutic process and its results has come from the client-centered "school" at the University of Chicago. These studies have been compiled and edited by Rogers and Dymond in a thought-provoking volume (46). They demonstrate the number of aspects of client-centered psychotherapy which can be explored. Rudikoff (48) found support for Horney's theory of reciprocal relationship in her investigation of self-concepts and the client's ideal-self. She infers from her study that the initial psychological status of a client determines to a great extent the final result. The client who is free to examine the self and the situation objectively seems better able to drop those defenses which have created the problem situation. If this capacity for objectivity is not attained, the self and the ideal become more disparate. Length of time in therapy seems not

to be the important factor according to her findings.

Vargas (62), in his investigation of the changes in self-awareness, hypothesizes a three-fold pattern for this growth: 1) The client thinks more about the self when in therapy than when not in therapy; 2) An interest in and concern with a previous pattern of self-perception is dropped or resolved, the client begins to examine other patterns of self-perception; 3) As old patterns are eliminated, the client's awareness of new aspects of the self increases. Vargas concluded that a person is continually adjusting; therefore, one's judgment regarding the amount of progress or success achieved will be influenced by the measure one uses. If one uses a relatively fixed pattern of behavioral organization as the basis for a judgment of change, the results will probably be contradictory to those attained by the judge who uses a "fluid organization" of behavior and personality integration as a basis for measurement.

Another study pertinent to the present research is that of Seeman (53) on counselor evaluation of the outcome of therapy. Seeman defends his use of the therapist's judgment as a logical criterion on the basis of the therapist's particular training and his closeness to the client. Seeman's findings seem at variance with those of Rudikoff with reference to case length. While she concluded that length of time is not a factor, Seeman found that ratings of the amount of success attained appeared to favor those who remain in therapy for a longer time. His further statistical examination revealed no significant correlation between initial personality integration status and the judgment of success, a contradiction of another of Rudikoff's inferences. He questions the confidence with which a statement about the validity of his research study

could be made, in view of the fact that personality, the common element in such a measure, is a multi-faceted construct. Finally, he attributes the success in therapy of women to the fact that emotional reactions appear more freely and are more generally accepted from women than from men.

Gordon and Cartwright (19) attempted to prove that Rogerian therapy results in an increase in the acceptance and respect for others. They compared successful and failure cases, using three different estimates of success. They report their findings as inconclusive since no statistically significant differences could be found to support their hypothesis.

Most of the reported research recognizes the need for future work on these and other areas of psychotherapy. While some of the findings are inconclusive or statistically insignificant, these efforts help to advance therapy beyond its presently lamented status as an intuitive art.

CHAPTER III

DESIGN OF THE RESEARCH

The materials for this study were collected over a period of eight years. The mother who first used this technique under the writer's direction did so in lieu of the daily appointments which she wanted. Since she seemed to profit from the client-centered approach, she was encouraged to record, in diary fashion, the feelings that arose and troubled her during the interval between appointments. The directions for this diary included three steps. First, she was to write about the incident as she would describe it in a face-to-face situation. The second step was to read what she had written and to describe her present reaction to the measures she had taken, to the feelings which prompted those measures, and finally to evaluate her reaction in light of the frustrating "crisis" which had caused this feeling-response.

This re-reading of the diary seemed to serve as a substitute for the absent therapist's reflection of feelings. It appeared to permit growth of self-understanding and release of tension when tension was at its height.

These same instructions were also given to the other parents who cooperated in such a procedure. In general, the criteria for selection of persons who at the outset seemed likely to profit from this technique are similar to those set by Rogers for client-centered therapy cases.

The diaries included in this study were written by seventeen mothers and one father. The technique was suggested after the first few interviews when

it was apparent that the problem behavior of the child was putting the parent under extreme pressure. Some initial insight into the possibility of change seemed to be necessary before parents could be motivated to begin and to persevere in writing about themselves and their child. With some of the first subjects it became apparent that in writing about certain episodes, the parent may stumble onto new insights, and gain a new understanding of the self, of interpersonal relationships, of situations. Those parents who seemed to be honestly intent upon solving the problem when they appeared to be emotionally involved in the situation were apparently helped by this structured diary to a better understanding of self and others.

Naturally, the small population of this study could not be typical of the clientele of Loyola Center. While the Center works with many non-Catholic clients, almost all of the subjects in this study were Catholic. The only non-Catholic group was represented by two Jewish families. One family was colored; all the others were white.

Table I shows some significant facts about the composition of the parental population of this study. At the time that work was begun with the children of these parents, the mothers ranged in age from 27 to 58; the father's ages had a smaller spread, from 31 to 55.

Table II shows the amount of school experience each of the parents has had. The criteria established for the subjects in this research resulted in the high proportion of parents in the higher educational bracket, scarcely typical of the average clientele of Loyola Center. Another deviation from the average population of Loyola Center is the high proportion of fathers in professional or semi-professional occupations. Allowing for the small sample included in the

TABLE I
Parental Age

Age	Fathers		Mothers	
	Number	Percent	Number	Percent
20 - 29	—	—	3	18
30 - 39	5	29	8	47
40 - 49	8	47	5	29
50 - 59	<u>4</u>	<u>24</u>	<u>1</u>	<u>6</u>
Total	17	100	17	100
Mean	42.8		38.5	
Standard Deviation	7.59		8.24	

TABLE II
Educational Status of Parents

Years of Schooling	Father		Mother	
	Number	Percent	Number	Percent
10 - 12	5	31	8	50
13 - 15	1	6	6	38
16 - 18	<u>10</u>	<u>63</u>	<u>2</u>	<u>12</u>
Total	16	100	16	100
Mean	14.3		13.1	
Standard Deviation	2.39		1.66	

study, it may be possible to discuss the influence of these factors in a later chapter.

The children themselves had been referred for a variety of reasons. Dismissal from school, social withdrawal, defiance of authority, aggressive behavior, incorrigibility, school failure, lack of achievement, and apparent behavior difficulty were some of the reasons for referral.

Counseling or therapy with the parents of juvenile clients at Loyola Center is not undertaken until after a psychological study of the child has been completed. In many cases, remedial work or referral to the attention of some medical specialist may be the first treatment measure indicated. Where parents involve themselves emotionally, their cooperation in a counseling program is invited.

Age, intelligence test data, and position in family for these children are presented in Table III. The names of the children are fictitious. The Stanford-Binet, Form L, was used in each instance except for Osage, a child in a cast, who was not tested at all, and Schalma, for whom the Wechsler-Bellevue Scale seemed better suited. The ages of the children at the time of testing ranged from 4-2 to 16-6, with a mean CA of 9-8. The intelligence quotients ranged from a qualified 76 to 178. The mean IQ was 124.12, standard deviation 25.19. Five of the scores are qualified because it appeared that underlying emotional tensions prevented the children from doing their best.

Analysis of the position in the family which these children held, reveals that four were singletons; seven had one sibling; six had two or more siblings. Ten of the children were either the eldest or the only child. These data may be significant since, according to Sears, et. al., a mother's practices and

TABLE III. Descriptive Data of Children Whose Parents Wrote Diaries

	Sex	C.A.	I.Q.	Position in Family
Chaltham	M	9-6	126+ Adopted	1/2
Hugh	M	10-9	174	3/3
Nesta	F	10-8	117	1/1
Christopher	M	11-2	124	2/2
Crosby	M	8-4	108+ Adopted	1/1
Lopert	M	11-6	135	1/2
Tucker	M	12-4	111+ Adopted	1/2
Stuart	M	10-8	178	1/5
Hiram	M	6-5	101+	1/2
Nate	M	6-7	133	2/4
Lee	F	9-8	119	1/4
Rynda	F	11-8	76+	3/3
Daisy	F	11-0	117	2/5
Wilma	F	7-3	101 Adopted	1/2 (twin)
Blake	M	11-2	124	1/1
Osage	F	3-6	*	2/2
Schalma	F	16-6	112 Adopted	1/1

* Not tested

Range C.A. 3-6 to 16-6

I.Q. Range 76 - 178

Mean C.A. 9.82

I.Q. Mean 124.12

Standard Deviation 25.19

attitudes may lead to greater indulgence of her children with each succeeding child; however, there appears to be no consistency in degree or area regardless of ordinal position of the child (51, p. 411).

Statistical Methodology

While some authority exists for accepting the therapist's judgment of the outcome of therapy (53), in the present study it appeared that some method of statistical analysis was desirable for an objective appraisal of the diary technique. The services of three judges were enlisted. Their clinical experience ranged from four to more than ten years. All had had some training and experience in the use of the client-centered method. In addition, two of the judges had had practicum training in psychotherapy under the practicing psychiatrist who is also on the faculty of the psychology department.

Because of the bulk of the diaries, it was decided to prepare samples from each of three parts of each diary: the beginning, the middle, the end. Such sampling appears justified by several earlier investigations, each of which has shown that certain definite indications are found in therapy protocols at these points.

The opening segment consisted of the first two weeks of submitted manuscripts. This decision was based on the fact that mothers began hesitantly and seemed to desire approval of their effort before they could feel secure in what they were doing. Thus, the initial manuscript was often groping, with very little description of the mother's feelings. For the middle segment an attempt was made to select that material which had been sent in at the approximate two-week mid-point between the onset of this method and the termination of therapy. The final segment consists of the last material sent

in. It appeared to be more suitable to set the two week limit, even though in some instances the mothers wrote voluminously, in order that a more valid comparison of tabulated data be possible.

One case consists of only two manuscripts. After the second had been received, the mother called to say that the diary was no longer necessary for her. She had become alert to the fact that she "talked too much," and was now stopping to think before she spoke to her son. This verbalization reflects Anastasi's (2) conclusion about the length of emotional-response diaries: reports become shorter and fewer either because the writers wish to avoid lengthy reports or because their standards of judgment change. The other two-segment case is one which is still in process.

The selected segments were typed so that the three judges would have uniform protocols in which handwriting changes would not provide extraneous clues to feelings. Names, whether geographic or personal, were reduced to initials in order to protect the clients from identification. Scoring sheets and protocols were identified by number only. A copy of the scoring sheets is included in the appendix.

The omission of a "problems" category is not unintentional. Since the diaries are intended as an opportunity for the parent to ventilate feelings, such a category was not considered necessary.

One meeting occurred at which all three judges were present with the investigator. The purpose of the meeting was to arrive at a general agreement on the meaning of terms. This discussion took place before the judges examined the typescripts. The unit to be scored was designated as a phrase, a clause, or a simple sentence. Murray (38) had obtained reliability coef-

ficients of .86, .89, and .91 when he employed such units. On a check-recheck basis, Snyder, using Covner's division into "ideas," obtained reliability coefficients ranging from .76 to .87 (55). Snyder made a further check of this system using a completely untrained person as a judge and giving only definitions and frames of reference. Comparison of this judge's scores with his own yielded coefficients ranging from .58 to .78. Bugenthal (7) found that his four judges who had received ten hours of training, scored self and not-self attitudes with a .798 reliability coefficient. Barry (5), Kauffman (26), and Murray (39), each indicated the units to be scored by marking them off in advance. Murray felt that such a precaution was necessary when a pilot study revealed that his judges were scoring different units. The severest criticism of methodology for study of protocols came from Kauffman and Rainy (26). They criticised the common omission of explicit instructions regarding the use to be made of context as an aid to the scoring of responses.

The three judges who participated in the present investigation seemed to agree in a trial-run on the units to be scored. This was checked by actual practice using client statements found in Rogers (44). They were encouraged to use the context where necessary. However, in view of the instruction to the diary writers to describe their feelings, this seemed less necessary than when one is scoring typescripts of counseling interviews.

The judges scored expressions of feelings, insights, decisions, and actions taken. They were further instructed to rate then and there, on a five-point scale, their opinion of the amount of change in the parent whose diary they had just scored. The judges had no actual knowledge of the outcome of therapy, since the manuscripts were identified only by number and the clients

had been counseled only by the writer.

The extent of agreement in this general rating between each pair of judges and between each judge and the writer was calculated by Spearman rank-difference correlation. This procedure was also applied with each pair of judges to the totals of positive and negative statements for each segment of each diary. The Spearman rho was then converted to a Pearson r , from which the standard error could be computed, and a t test applied.

After a pilot study comparing the three segments of the three diaries rated most successful with the respective parts of the three rated least successful, a fuller comparison of the top third of the total group with the bottom third was carried out, computing the significance of the proportion of positive and negative expressions between the groups and between initial and final segments of each group.

The results of all these statistical analyses will be presented in the following chapter.

CHAPTER IV

STATISTICAL ANALYSIS OF THE FINDINGS

The eighteen cases in this study admittedly constitute a select sample of a clinical population. This does not allow the application of the usual formulae for studying differences and establishing levels of confidence for the findings. Nonetheless, the findings appear to be of interest since they seem to point to significant differences in the use of the diary technique by different subjects. The conclusions which are about to be drawn should not, however be considered final and definitive. It is hoped, instead, that they may provide a starting point for further study of the questions which arise. Future research on the diary technique would be necessary to prove the conclusions which are now recognized as tentative, or to modify or cast doubt upon the present findings.

Preliminary to the more definitive study of differences, it was necessary to establish which of the diaries were used successfully and which were not so used. The judges had been requested to give their general impressions of the amount of change which they perceived in parental attitudes and feelings as they read the three segments of the diaries. These impressions were to be indicated upon a scale of five descriptive terms. The qualitative terms provided were: none, slight, moderate, superior, and exceptional. Seeman (53) using a nine-point scale, had found that a greater number of step intervals did not guarantee less variability than occurred in this study.

Arbitrary values of one to five were assigned to the several descriptive terms. The three judges used the first four terms of the scale, their opinions clustering about a mean of 2.7. The judgments of the writer spanned the entire scale, with a mean of 3.1. A possible explanation of this difference in appraising parental growth as shown in the diary may reside in the fact that the writer's evaluation was probably influenced by knowledge of the actual outcome of the cases. Some "halo" effect from the counseling sessions would provide further influence. It is well to remember also that the judges were asked for a "general" impression, and that concrete specification of the construct "change" had not been made.

The scores of the judges and the writer were compared by means of Spearman's rank-difference technique. Since these scores were qualitative observations and the sample was limited, the rho correlation had particular merit. When the scores of each judge were compared with the scores of each of the other two judges, the rho correlations obtained were .412, .419, and .009 for judges XY, XZ, and YZ. If these same correlations were obtained with a larger group and the probability of significance determined, the best of them could hardly be accepted with confidence. When each of these estimates of change was compared with the writer's appraisal, the rho correlations were .240, .370, and .469; again insignificant. Since it seemed that a pooling of the judgments would compensate to some degree for the limited knowledge of the cases which the judges enjoyed, such a procedure was followed for the final comparison with the writer's ratings. The resultant rho coefficient of .497 obtained under these conditions could be accepted as significant at the .05 level of confidence were the sample larger.

The pooled ratings were used to group the eighteen cases into three divisions: the successful, the moderately successful, and the unsuccessful. This permitted further analysis of the six diaries which were judged as most successful, as well as the six considered least successful, and allowed for comparisons which would point to meaningful differences.

Curran (11) and Rogers (14) select negative and positive emotions in general as indices to the amount of growth which will take place. According to them, negative feelings preclude the easy development of insight, whereas expressions of positive feelings show that the eventual outcome will be good. Such expressions seemed, therefore, to be an appropriate beginning point for the statistical comparisons planned for the two groups. The examinations of the data which followed were based on the critical ratio method of comparison. In reporting the results of these examinations, the writer assumes that the arbitrarily selected point of 3.0 which is conventionally accepted as being statistically significant at the .003 level of confidence, will be most cautiously applied and interpreted by the reader of this paper.

Comparison of the proportion of all positive statements and all negative statements in the initial segments of the successfully used diaries (henceforth to be indicated as S) with the proportions of such statements in the initial segments of the unsuccessfully used diaries (henceforth indicated as U), revealed no statistically significant difference when the positive statements were studied. The CR obtained was 1.54. The differences in the proportions of negative statements in the initial segments of the S and U groups indicated some reason for the failures encountered by the U group. The CR for the difference between S and U in the proportions of negative statements at the

beginning was 4.71.

Comparison of the final segments of the S and U groups showed that the S diaries contained far more positive statements than did the other group; the CR for this difference was 6.79. More highly significant, and in keeping with Curran's and Roger's statements about the effect of negative attitudes on the development of insight, was the comparison of the negative comments found in the final segments. The difference between the two groups resulted in a CR of 14.29. The inability of the U group mothers to see any good in themselves or in others seemed to block their growth in the process of therapy. Not only was insight difficult for them to attain, but the negative attitude permeated their relationships to such an extent that it elicited negative responses to parental requests and commands.

In view of the marked contrast between the S and U groups when the negative statements were explored, it seemed appropriate to examine for the differences which might exist between the initial and final segments in the two groups. When the S and U groups were compared at the initial segments, the difference in them with reference to negative statements alone yielded a critical ratio of 14.64. Comparison of the negative statements found in the two groups in the final segments resulted in a CR of 13.74.

Figure 1 shows graphically the rise in positive statements and the drop in negative statements which characterized the S diaries. At the same time, one can see the smaller number of positive statements and the significant growth of negativism toward others which developed in the U group.

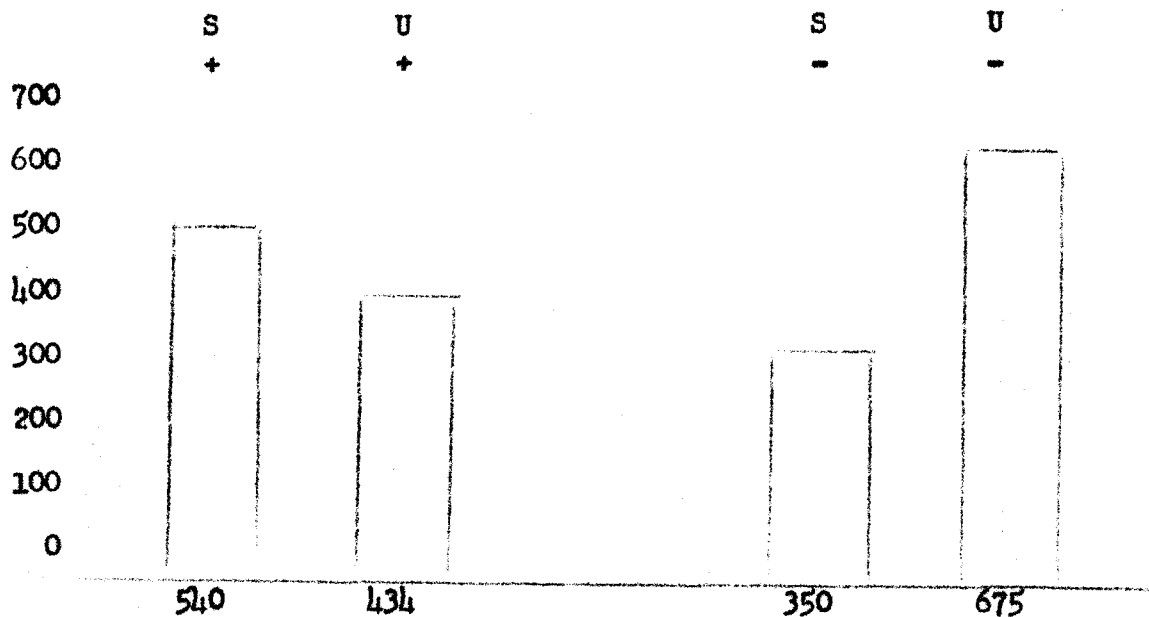
When statements of a hostile nature were scored, their excess in the U group yielded a CR of 7.59 for the initial segments, and a CR of 5.94 for the

final segments. Figure 2 demonstrates the marked difference. The U diaries contain almost twice as many statements of such feelings as do the S diaries both at the beginning and at the end. While the drop in the actual number of hostile remarks is greater in the U cases, such a feeling still pervades to an extent that seems to preclude the development of closeness between parent and child.

The effect of this hostility upon the relationship between parent and child is further reflected in the high incidence of remarks indicating rejection, as shown in Figure 3. There were almost twice as many such remarks found in the initial segments of the U cases as in the S diaries. Comparison of the beginning segments of the two groups resulted in a CR of 10.58; a CR of 9.08 was obtained from the comparison of the final segments. It would appear then, that one might expect with a high level of confidence a relationship permeated with rejection showing little movement toward success in therapy. Since parental rejection usually causes the child to seek acceptance by whatever means are available to him, his behavior not only misses its goal but may lead to further rejection on the part of the parent.

Figure 4 shows what was learned about the two groups of parents on the related topic of acceptance. Although the U group showed some growth in this area, it was insufficient to compensate for their rejection of their children. Figuratively speaking the rejective parent is more apt to flatter herself for being a good mother than she is to praise the child. Little difference was apparent in the acceptance feelings scored for the U group in the initial and final segments. So slight a growth occurred that a CR of .51 resulted from the comparison of these two segments. The parents who made progress under therapy

INITIAL SEGMENTS



FINAL SEGMENTS

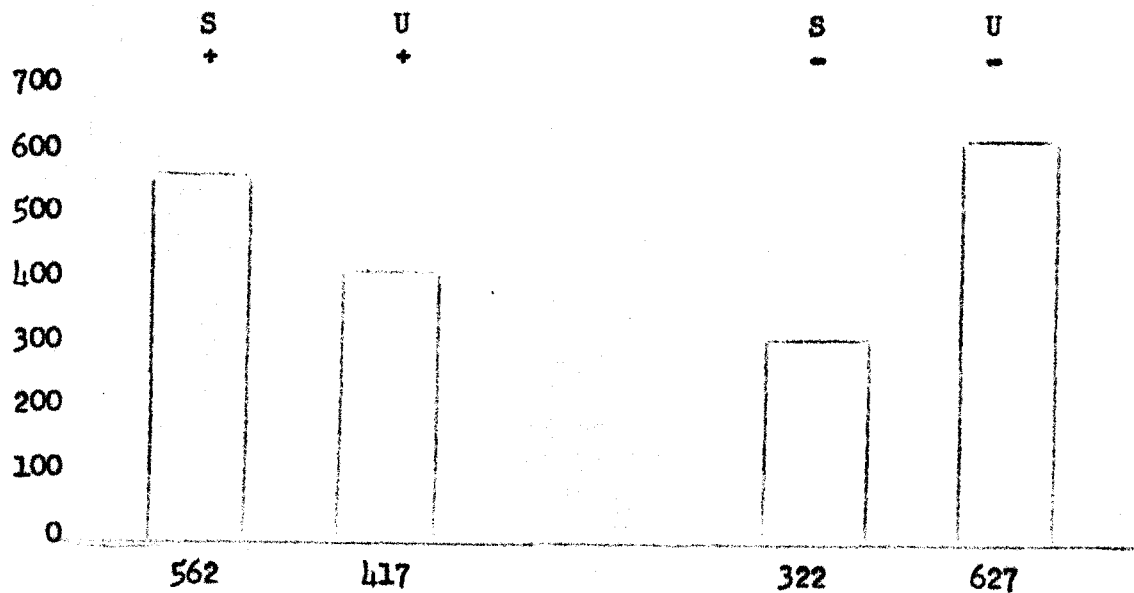


FIGURE 1

TOTAL POSITIVE (+) AND NEGATIVE (-) STATEMENTS SCORED BY THREE JUDGES
IN INITIAL AND FINAL SEGMENTS OF SIX MOST SUCCESSFUL
AND SIX LEAST SUCCESSFUL DIARIES

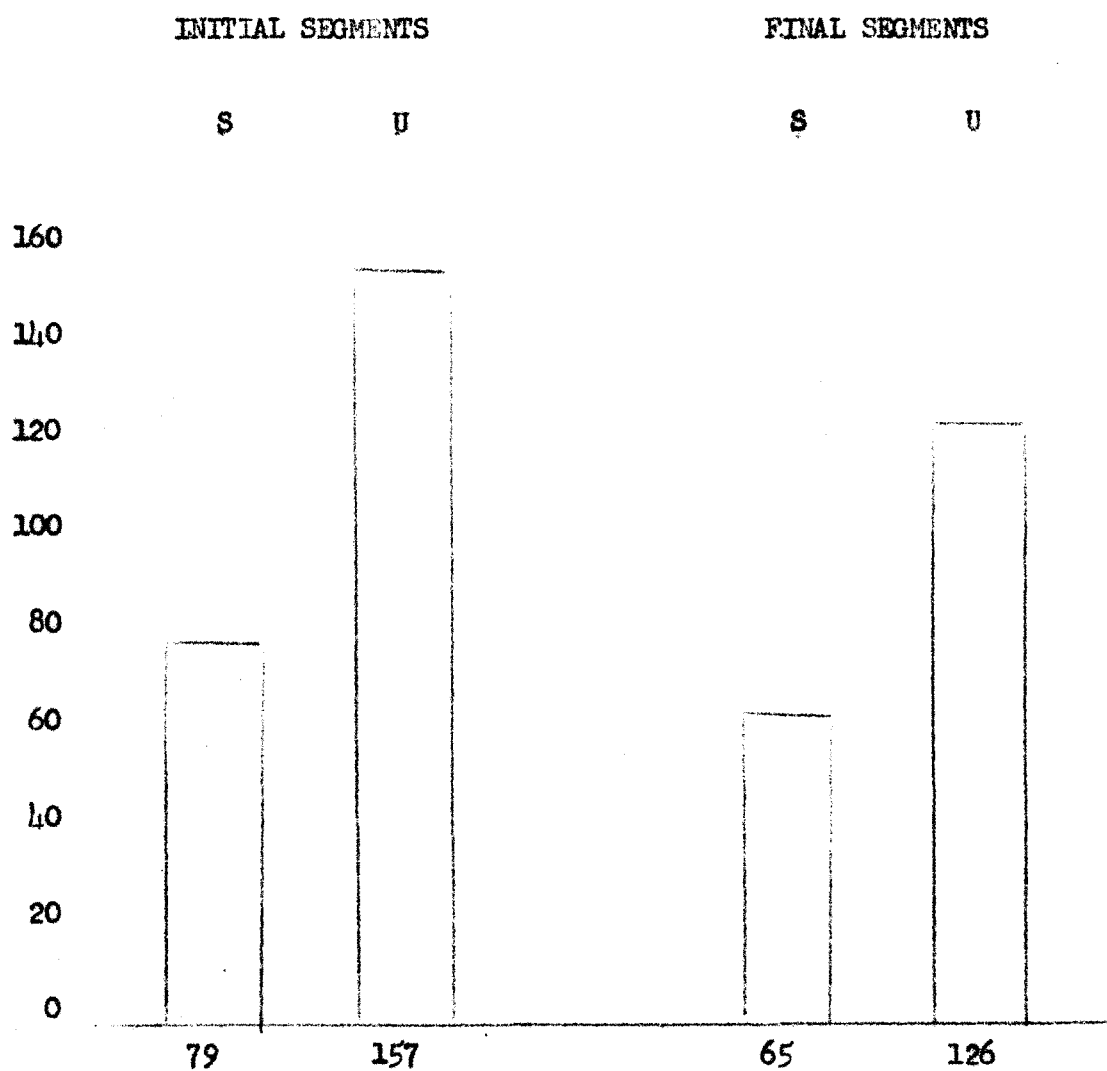


FIGURE 2

TOTAL STATEMENTS OF HOSTILITY SCORED BY THREE JUDGES IN INITIAL AND FINAL SEGMENTS OF SIX MOST SUCCESSFUL AND SIX LEAST SUCCESSFUL DIARIES

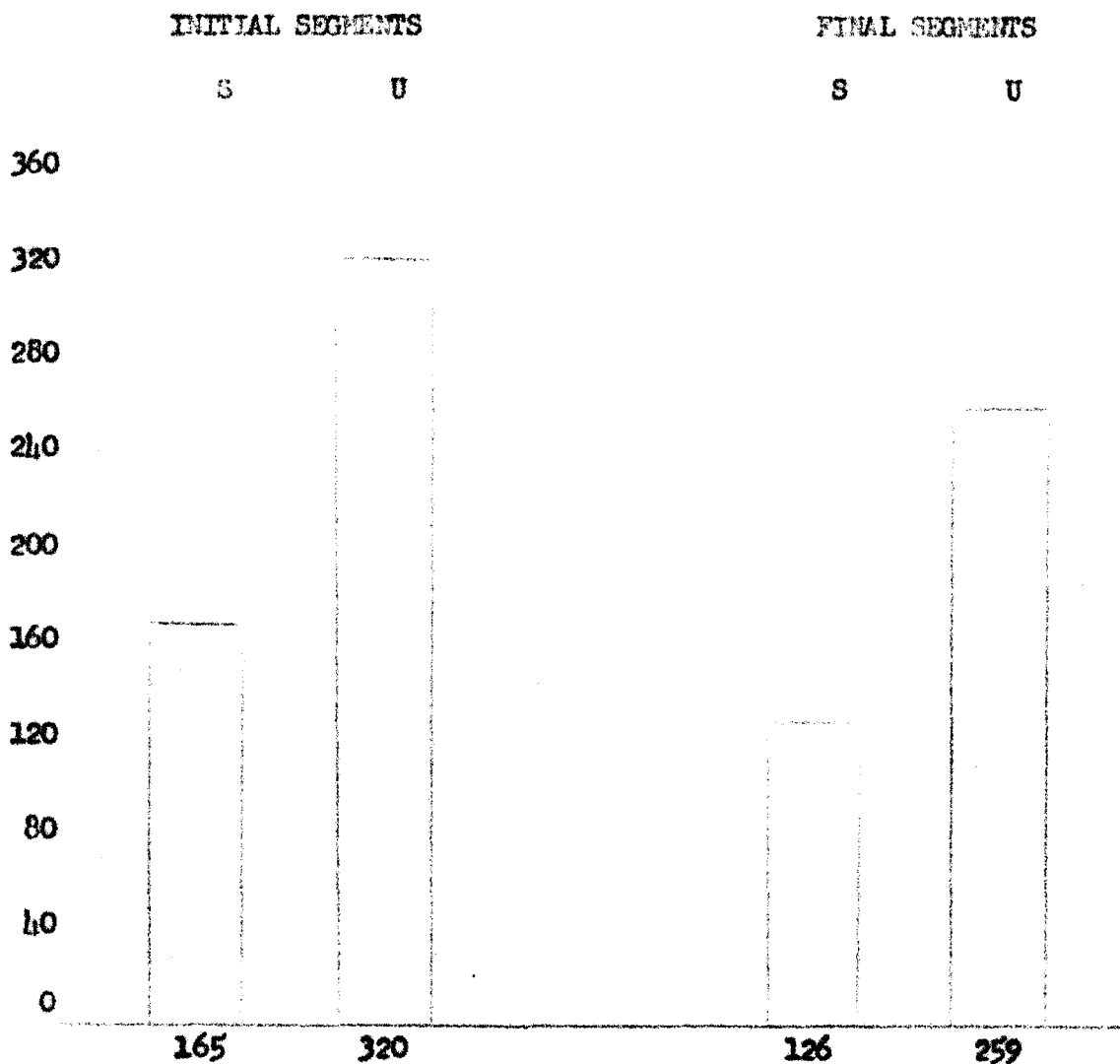
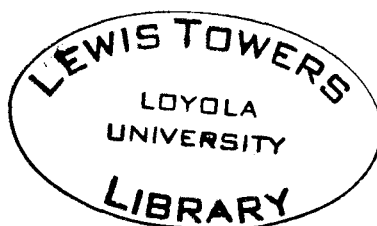


FIGURE 3

TOTAL STATEMENTS OF REJECTION SCORED BY THREE JUDGES IN INITIAL AND FINAL SEGMENTS OF SIX MOST SUCCESSFUL AND SIX LEAST SUCCESSFUL DIARIES



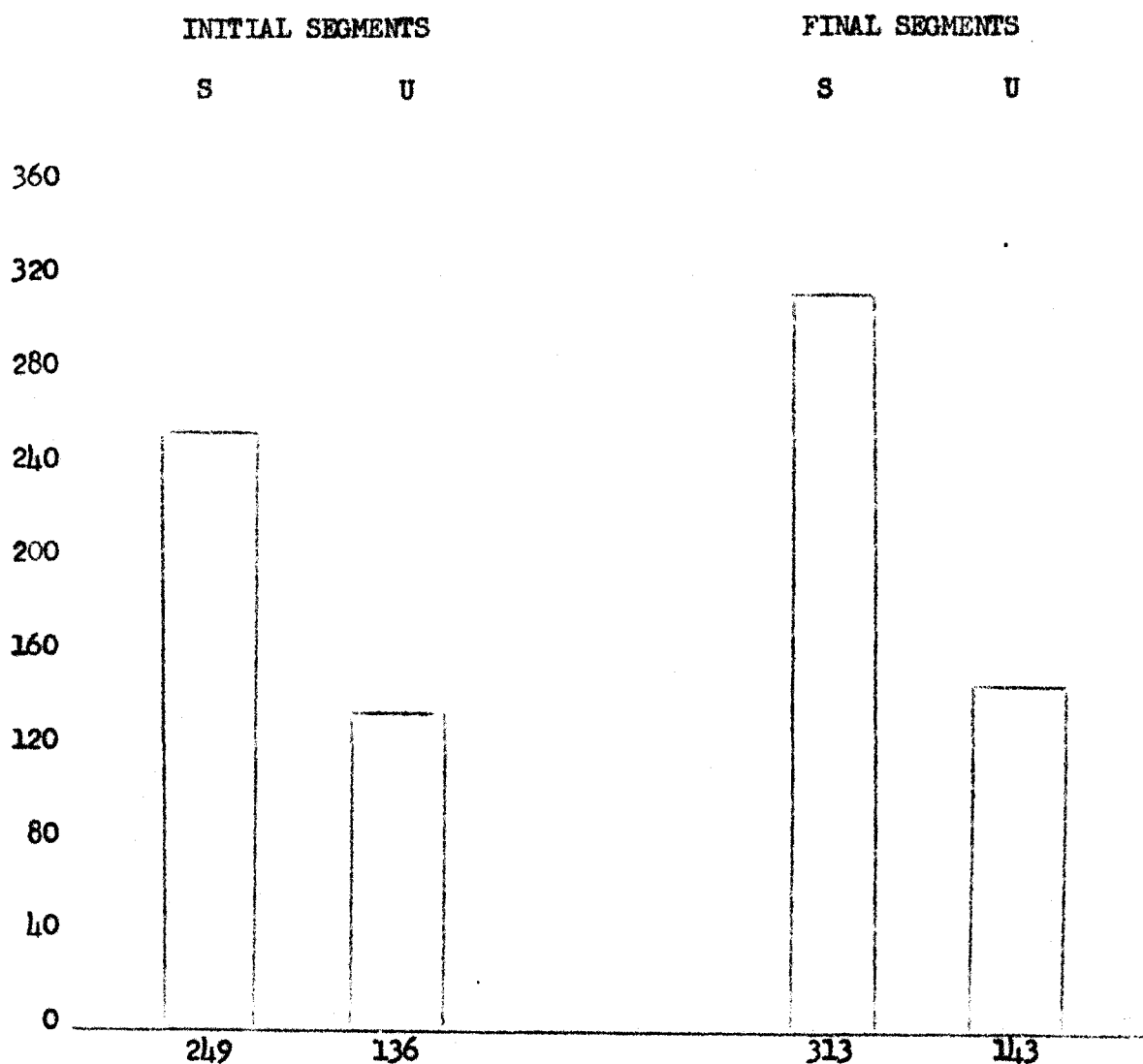


FIGURE 4

TOTAL STATEMENTS SHOWING GENERAL ACCEPTANCE OF SELF, OF CHILD, AND OF
OTHERS SCORED BY THREE JUDGES IN INITIAL AND FINAL
SEGMENTS OF SIX SUCCESSFUL
AND SIX UNSUCCESSFUL
DIARIES

showed a significant growth in their acceptance of the child. Comparison of the initial and final segments of their diaries yielded a CR of 4.69.

Further study of this aspect of the parent-child relationship would be necessary to permit accurate generalizations. The S group was far more accepting from the beginning. The difference in the S and U groups with reference to initial acceptance resulted in a CR of 7.85. A CR of 11.81 was obtained when the final segments of the S and U diaries were compared.

The statements which expressed acceptance were then further broken down. Parental acceptance of the child and of the child's actions seemed to be relevant to success in therapy, since it was for this reason that the parents had originally sought assistance. Again investigation showed that the U group profited little from therapy; the difference between their feelings toward the child at the beginning and at the end resulted in a CR of .09. Among the S group, the change in attitude was so marked that the difference in their attitudes initially and finally yielded a CR of 7.15. Furthermore, when the initial segments of the S group were compared with the initial segments of the U group, the larger number of statements reflecting acceptance of the child and the child's actions described in the S diaries resulted in a CR of 4.84; when the final segments of the S and the U groups were compared, the resultant CR of 11.55 seems to indicate that the S parents grew in ability to accept the vagaries of developmental adjustment behavior displayed by their offspring whereas the U parents seemingly could not. Examination of Figure 5 and 6 reveals the rigidity of the U parents; perhaps their inability to see their own faults made it so difficult to accept their children's faults. As therapy progressed, the diaries of S group of parents reflected the understanding and

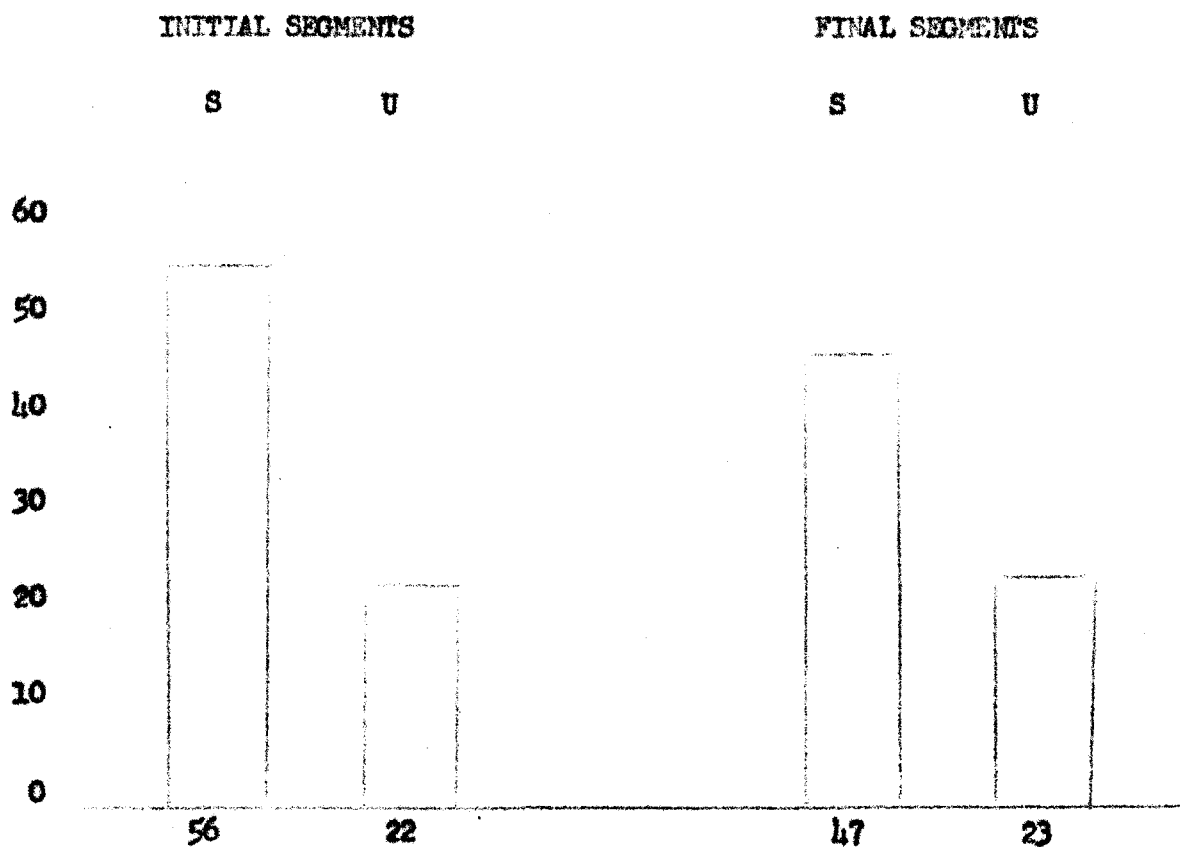


FIGURE 5

TOTAL STATEMENTS SHOWING GENERAL ACCEPTANCE OF THE SELF, OWN ACTS AND DECISIONS SCORED BY THREE JUDGES IN INITIAL AND FINAL SEGMENTS OF SIX SUCCESSFUL AND SIX UNSUCCESSFUL DIARIES

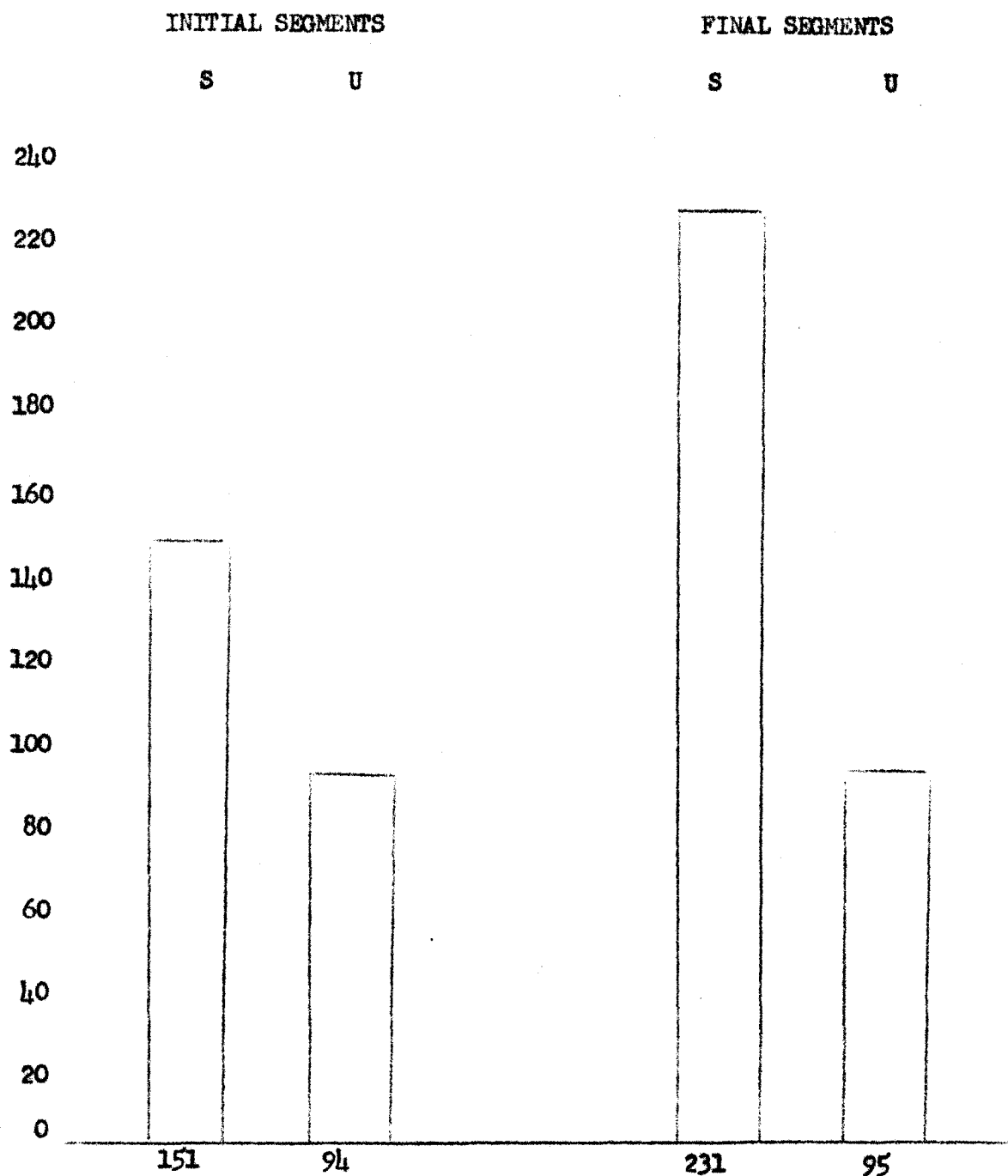


FIGURE 6

TOTAL STATEMENTS SHOWING ACCEPTANCE OF CHILD, CHILD'S ACTIONS SCORED BY THREE JUDGES IN INITIAL AND FINAL SEGMENTS OF SIX SUCCESSFUL AND SIX UNSUCCESSFUL DIARIES

acceptance which they had been receiving in their own therapy sessions in their responses to their children.

Figure 7 would seem to be a contradiction of the above statements. Tolerance grew so high in the U group, that comparison of the difference in the final segments of the S and U diaries yields a CR of 4.68. Reading of the diaries, however, reveals that the tolerance displayed by the S group seems to reflect a feeling that the child's behavior can be overlooked or handled lightly because the promise of some change in the future exists. The U cases seem to be taking the attitude of martyrdom; their tolerance appears to be a resigned endurance of the behavior because of the hopelessness of the situation as they see it.¹

As other writers have indicated (51), it is difficult to separate some of the feeling variables involved. It would be difficult to determine whether the U group is so discouraged at the outset that their disappointment at the slow progress they perceive in their situations makes them feel that it is hopeless, or whether it is because of the rigidity of their set (Figures 5 and 6) that they cannot move in therapy.

Although the U group seems to express more tolerance of the child and the child's actions, it appears to be more active in the area of discipline. Whether the action taken is punitive or corrective, the U group remained high from beginning to end. Nonetheless, the drop in punitive actions taken by each group appears to be significant, for a CR of 7.02 results when the U group

¹Selections from the diaries, illustrative of this resigned attitude are quoted at some length in Appendix B.

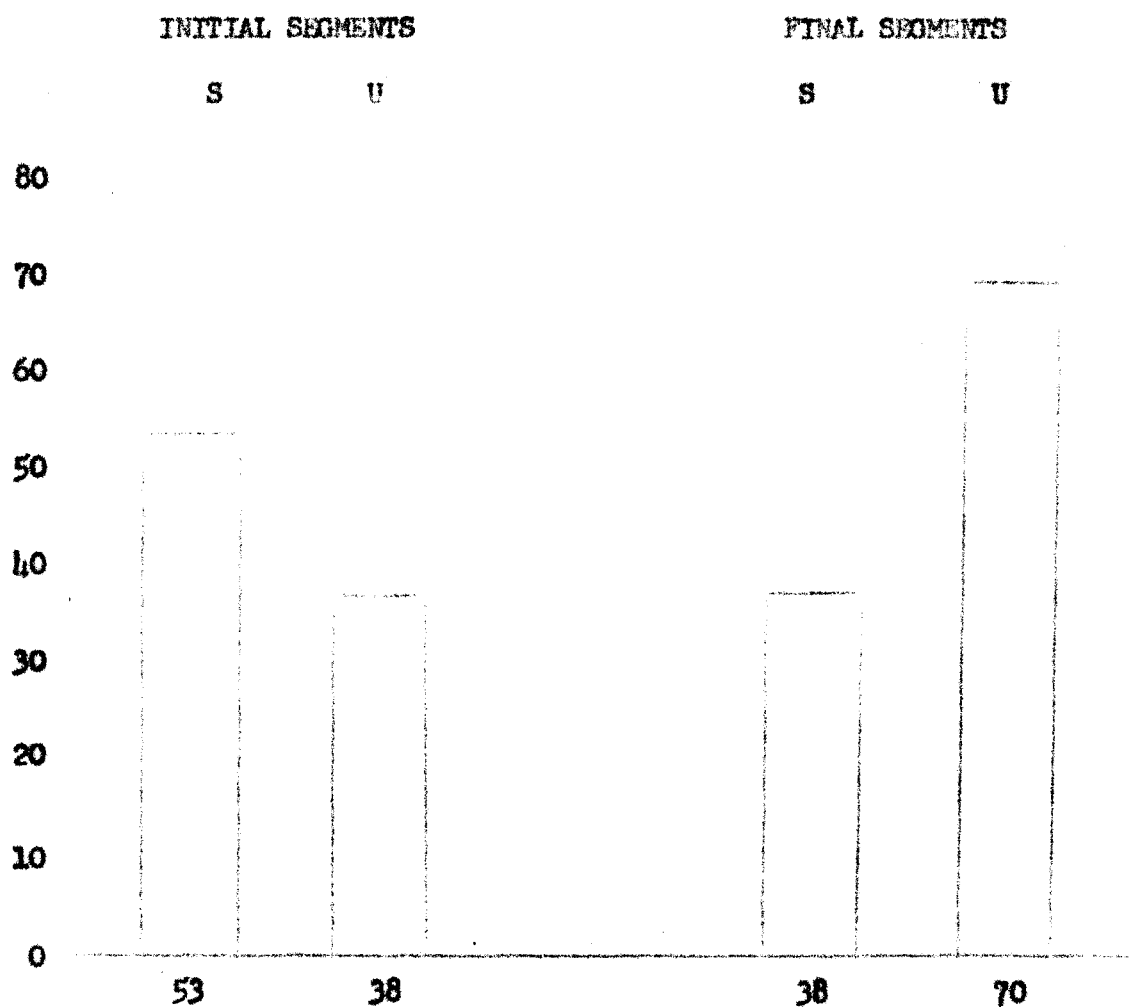


FIGURE 7

TOTAL STATEMENTS SHOWING TOLERANCE OF CHILD, CHILD'S ACTIONS SCORED
BY THREE JUDGES IN INITIAL AND FINAL SEGMENTS OF SIX SUCCESSFUL
AND SIX UNSUCCESSFUL DIARIES

differences between beginning and end are compared. Among the S group, the difference in these two segments yields a CR of 3.34. What seems to be the important difference, which cannot be exposed to statistical investigation at present, is the fact that the S group drop in discipline results from a better understanding between parent and child, whereas the U group drop is another apparent reflection of the resignation which their tolerance seems to indicate.

Corrective action seems to be needed less among the S group children; the parents' reports show a fall-off from beginning to final segments which results in a CR of 5.00. The U group also experienced a diminution in action, a difference which yields a CR of 4.16.

Figures 8 and 9 illustrate these differences vividly. Figure 10 seems to be even more impressive, showing the combined measures under the heading of discipline.

In view of these differences in disciplinary action taken, it seemed worthwhile to explore the types of behavior about which the parents had complained during the intake visit. At that time, they had checked on a list of fifty-two items, those behavior problems which were applicable to the child. It appeared that a study of these lists might give some clue to the emotional climate in the home prior to the initiation of any work with child or parent. The files of the S and U groups of children were studied to determine if any dissimilarity would occur and if such disparity would be significant.

Table IV shows the forty items which were checked by both groups of parents. Those items which did not receive any checks have been omitted.

Analysis reveals that those traits which are indicative of poor interpersonal relationships were checked one third more frequently for the children

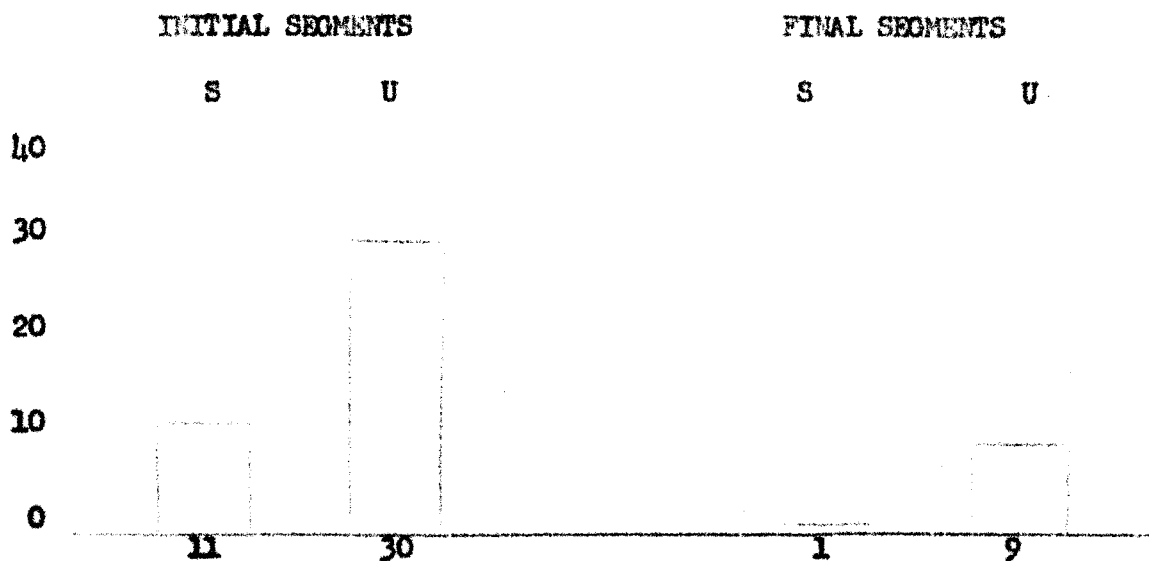


FIGURE 8 : PUNITIVE ACTIONS TAKEN

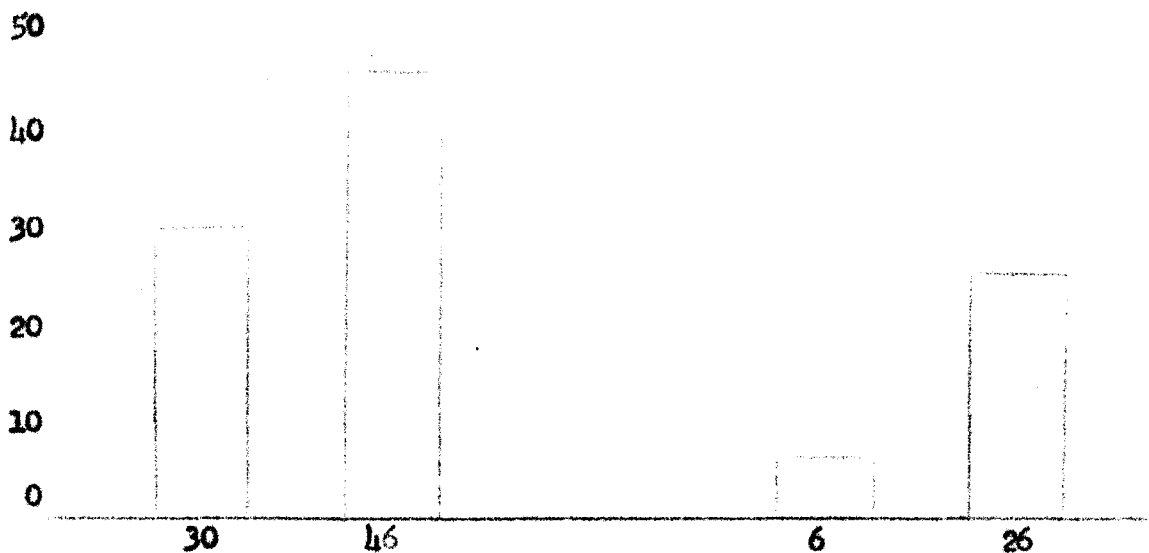


FIGURE 9 : CORRECTIVE MEASURES USED

TOTAL STATEMENTS SHOWING PUNITIVE MEASURES TAKEN AND CORRECTIVE MEASURES USED AS SCORED BY THREE JUDGES IN INITIAL AND FINAL SEGMENTS OF SIX SUCCESSFUL AND SIX UNSUCCESSFUL DIARIES

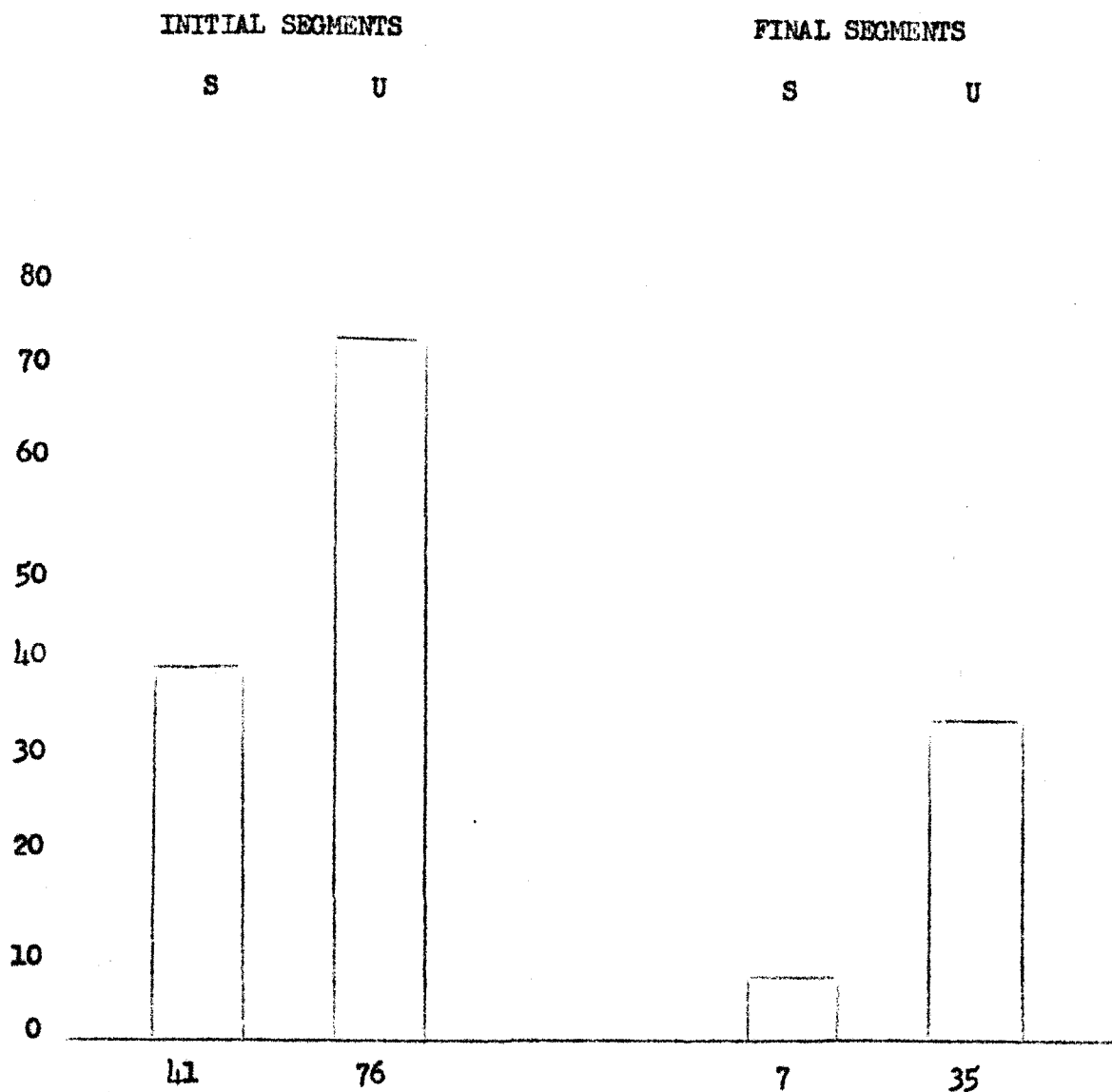


FIGURE 10

TOTAL STATEMENTS INDICATIVE OF SANCTIONS USED (CORRECTIVE OR PUNITIVE)
AS SCORED BY THREE JUDGES IN INITIAL AND FINAL SEGMENTS OF SIX
SUCCESSFUL AND SIX UNSUCCESSFUL DIARIES

TABLE IV. BEHAVIOR SYMPTOMS CHECKED BY PARENTS AT INTAKE INTERVIEW

	S	U		S	U
Restlessness	3	6	Bullying	1	2
Excitability	2	5	Stealing	1	2
Unusual fears	1	1	Foul Language		1
Sensitiveness	4	3	Truancy from home		1
Tendency to worry	3	2	Truancy from school		1
Dull, slow manner	3		Sex behavior	1	1
Selfishness	3	2	Nail-biting	1	3
Depressed attitude	1	3	Thumb or finger sucking	2	3
Discouragement		1	Bed-wetting	1	2
Absent-mindedness	2	1	Sleep disturbances	1	3
Daydreaming	2	2	Feeding problems	2	5
Imaginary playmates	1	2	Physical complaints	1	1
Shyness, timidity	1	1	Speech defect		2
Fail to adjust with other children	2	2	Retardation in school		1
Jealousy	2	3	Acceleration in school	1	
Playmates much older	2	3	Exclusion from school	1	
Playmates much younger		2	Slow in practical learning	1	
Disobedience	2	6	Slow in school learning		3
Temper display	4	4	Lying	1	5
Fighting	2	3	*Miscellaneous	2	1
			Totals	57	89

*Includes items on earlier edition of list.

in the U group than those whose parents' diaries fell into the S category. Furthermore, the former group of children were judged by their parents to display those behavior symptoms which might be classified as neurotic traits more than twice as frequently as did the parents of children in the S group.

These data were analyzed by application of the chi-square statistic. The hypothesis that no difference existed could be rejected when this statistical test was applied, for the obtained chi square of 7.10 is so large that such a difference could occur less than once in 100 times. Whether the U parents were hyper-critical of their children as a defense against their own faults could not be determined from the material at hand for this study. It seems obvious from the present material that those who cannot see or admit their own faults are equally incapable of recognizing their responsibility for the reactions they evoke in others. Even the opportunity to examine their feelings at leisure after writing the diary entry does not appear to increase their self-understanding.

CHAPTER V

SUMMARY AND CONCLUSIONS

In order to help parents to further their self-understanding and to hasten growth of better relationships with the child whose problems had caused them to seek assistance, a structured diary was used as an adjunct to the counseling they were receiving. The diary was written whenever an episode of behavior created confusion or doubt about the manner in which a situation was handled, or when it evoked strong reaction from parent or child. By this means, the period between counseling visits was used constructively by some of the parents for the writing about the matter and reflection about the feelings seemed to increase their insights and to improve their relationship with the children involved.

Research on diaries has, in the past, been largely limited to documents which had been written voluntarily with or without the intent of publication. A number of such studies have been reported in Chapter II.

The main purpose of the present study is to describe the structured diary as an aid in counseling as it was used with eighteen parents of young clients of a guidance center. This technique was introduced to the parents when they had been seen several times and appeared able to profit from counseling therapy. Although identical words may not have been repeated in the instructions to the parents, a definite pattern of directions was given to each. The diaries were submitted on a weekly basis; as the parents noted improvement

in themselves and/or in the child, the interval between these reports increased. The segments studied in this paper are limited to three two-week intervals: the beginning, the approximate middle, and the final two-week period.

The materials were typed for the three judges who scored the positive and negative feelings which were expressed in the three segments. They also gave their general impression of the change which they discerned in parental attitudes. This formed the basis for selection of the six most successful and the six least successful diaries. Further statistical comparisons were made of these twelve diaries with the following results:

1) Comparison of all of the positive statements scored in the initial segments of these two groups (S and U) shows no significant difference. At the beginning of counseling, then, there would seem to be little to distinguish those who would be successful and those who would not, if one studies only the positive statements which the parents make about themselves, or about others.

2) Comparison of the number of negative statements scored in the initial segments reveals the first marked difference. The parents in the U group appear to be far more negatively disposed and apparently go into therapy with a big handicap to progress. It would seem, then, that if one meets a parent whose attitude is highly negative, the hope for noteworthy change in such a person by means of the diary technique with relatively infrequent counseling sessions is probably slight. It should be noted that several of the parents in this study had to travel 100 miles or more for face-to-face counseling sessions.

3) While no significant difference existed between the two groups in the number of positive statements scored in the initial segments, the negativism

mentioned above apparently operated so strongly that an even wider gap between them shows up in the number of positive statements found in the final segments. The S group increases in its freedom to notice positive qualities in the parent as well as in others; the U group loses ground.

4) A comparison of the negative statements contained in the final segments shows that the U group was seemingly unable to change its attitude to any marked degree. The difference in the two groups with reference to negative attitudes produced the highest critical ratios in the entire study. When despair, disillusionment, bitterness, and similar attitudes begin to appear, even an auxiliary aid such as the diary fails to add to the chance of success. It may, in fact, militate against success because it is reduced to a bill of indictment.

5) The negative statements mentioned above did not include statements of hostility or rejection. These were scored separately. Again, the U group of diaries contained so many such statements that extremely high CR findings resulted in the comparisons made with the S group. It is to be expected that a rigid and rejecting attitude will be difficult to change. Thus little hope can be entertained that the child in such an environment will change in his behavior or his response to people.

6) The U group of parents were not wholly unaccepting. However, the difference between the attitude which they expressed at the beginning and at the end was so slight as to be almost non-significant.

7) When expressions of acceptance were broken down to determine what, if any, change occurred in these attitudes toward the child, the smallest difference in the study was found for the U group. Between the initial and

final stages of the diary their positive attitudes seem to undergo no change.

8) The parents in the S group seem to be able to look for their own faults and to be tolerant of the faults of their offspring. Their statements of tolerance appear to be fewer in number when compared statistically. Qualitatively, however, the difference seems to favor them. The S parents seem to accept situations more calmly and to overlook certain faults. The U parents express their long-suffering patience more frequently than they extol the goodness of the child. They seem to look for approval and admiration of their efforts. Apparently they lack the humility which characterizes the person who can see himself as he really is and is not afraid to admit that he has not attained his self-ideal.

Study of the diary ratings made by the three judges seems to lead to the following conclusions. Parents who are highly negative make poor subjects for the diary technique. These persons see few commendable traits in the child; their tendency to note every misdemeanor is so strong that parental disapproval tends to be fairly constant. A diary in which there were a preponderance of negative statements would seem to point to the parent who is likely to profit little from counseling.

Since the parent who is constantly critical of the child soon recognizes that the situation does not reflect well upon the home, she tends to reject the child. It seems difficult for such a parent to gain awareness of her own faults, possibly because her attention is focused upon the child. Her contribution to the poor home situation escapes notice from the mother howsoever important to the problem she may be. As she continues to reject and to criticize, her insight becomes cloudier and the situation changes little if

any. Such parents are apt to use the diary as written proof of their efforts to change the child rather than to grow in their understanding of the situation and of their own motivations.

When diary content is analyzed from the qualitative point of view, these differences stand out clearly. Those parents who delay their request for aid until they see little good in their child prove to be poor risks for the structured diary technique. It appears that their own feelings of guilt make them turn harshly upon the child. The diary seems to become a catalogue of the child's misbehavior rather than an opportunity to examine their own faulty attitudes and handling. The diaries express their disappointment that their efforts have been so sterile. For this reason, they seem to lack the courage to look into themselves. To accept the fact that one possesses traits, attitudes, or behavior which need to be changed demands an emotional maturity which these parents seem to lack.

Parents who are among the U group tend to write fluently, voluminously, but superficially. When their pride is injured, they can describe the painful situation in great detail. Self-understanding seems to be short-circuited by the vehemence of their response to the child's misbehavior. The emotion of the moment, rather than an understanding of the self, the child, or the situation, seems to produce the decision or choice of action that results. These impulsive acts have little self-knowledge behind them.

Parents whose response is characterically negative resent the picture which they draw for the reader of the diary. Although they may be cooperating to the fullest extent of their ability, their resentment appears to grow. Situations which have cropped up in the diary are described in a way that will

justify the emotional reaction. The unsuccessful diary users make excuses for their actions; the successful users of the diary do more soul-searching in their growth in self-awareness.

The parents who are among the S group were able to accept themselves even with their faults. This attitude permitted them to respond to the child with more understanding. They were able to overlook some of the behavior which had previously aroused violent anger in them. Since they were now more aware of their own shortcomings, they could be more tolerant of the child's behavior. As a result, they seem to extend their understanding of themselves to the child and look upon his behavior not as a reflection upon their own adequacy as parents, but as a necessary release from tension.

As was indicated before, the structured diary is not intended as a substitute for the psychotherapeutic hour. It is a supplement to the interview. Its purpose is to serve as the reflective surface in the interval between counseling visits. This goal is possible if the user of the diary has not developed a rigid defensive system. The parent who is on guard, the parent who feels that a good parent like herself never makes a mistake, tends to write a diary which is negatively disposed to the child, pessimistic about the outcome, and highly charged with blame-placing. There is little hope for success in those cases where the parent seems to feel a need to defend herself and her actions and thus to reject the child and the child's actions.

The present study, based on a small population, is merely suggestive. Further work with this technique would require the combined effort of a number of research workers in order to produce the quantity of material that statistical validity demands. The time-consuming nature of such writing, the slow

pace of therapy, guilt feelings, and insight into one's faulty attitudes and feelings are some of the factors which may cause parents to cease writing. In order to acquire sufficient diaries, many people need be involved. The possibilities which are implied for this technique by the findings reported herein seem worthy of further exploration.

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**APPENDIX A
JUDGES' TALLY SHEET**

File No. _____

	First Tally	Total	Middle Tally	Total	Last Tally	Total
<u>Negative Expression</u>						
Rejection of self as a person						
child " " "						
own actions						
child's "						
own decisions						
others' actions						
Hostility toward self						
counselor						
child						
others						
Dependence on counselor						
parents						
spouse						
others						
Insecurity, re:						
adequacy as Mother						
acceptance of self						
" " child						
Confusion (not incl. above)						
Fear (" " ")						
Unhappiness (" " ")						

JUDGES' TALLY SHEET

File No. _____

	First Tally	Total	Middle Tally	Total	Last Tally	Total
<u>Positive Expression</u>						
Acceptance of self as person						
child " "						
own actions						
child's "						
own decisions						
others						
<u>Insight</u>						
Recognition of own conflicts						
" hostility						
" projections						
Facing situation objectively						
Seeing new relationships						
<u>Decision, Choice, Action</u>						
To find own solution to problems						
To be independent of others						
To face problems						
To seek help when necessary						
To make decisions about self or child						
Use of Punitive action						
Use of tolerance						
Use of corrective action						

Total

Total

Total

General Impression of Change

None _____ Slight _____ Moderate _____ Superior _____ Exceptional _____

APPENDIX B

DIARY EXCERPTS SHOWING DIFFERENCES IN TOLERANCE DESCRIBED IN CHAPTER IV (p. 26)

I. EXTRACTS FROM DIARIES JUDGED SUCCESSFUL:

- a. I think we can help Hiram to learn table manners in this way. In all fairness I must admit that there is some validity to their claims about Hiram's behavior and I feel that I have not put enough stress upon these things, but if I were to expect perfection of manners in all situations from him the poor child would be a nervous wreck and so would I. By taking the most important things first I feel that he at least can come among the little beings of his own age and get along with them very well. The adults will simply have to bear with him until he is able to do all of the things that they expect of him and I'll be around to tell them to go to hell if they can't accept him as he is.
- b. Hiram says that he will learn to swim underwater before he learns to swim on top of the water. He also wants to know how to breathe underwater and how to keep the water out of his eyes. . . . He practices swimming in the bathtub every night and reports that he is coming along just fine. As I am typing this I am laughing to myself. Children are wonderful—I wish all of the things that they wanted to do could be done. It's a very interesting world but think of how much more fun things could be. Last night, while Hiram was practicing

in the bathtub, I had undressed his sister, washed her up, and put her to bed. Then the phone rang—Susie decided to help Hiram with his swimming lesson. She threw all kinds of things into the bathtub for him to dive for. I put the phone down, yanked her out of the washroom quietly and sat her on a chair in the living room where she sat until I was through with my phone call. I asked her why I put her in the corner and she said that she had been a bad girl. She shouldn't have gotten herself wet, the floor wet, the books wet, in fact she was sure that I was all wet, too! I'm laughing about this incident now: she is so doggone cute and smart.

- c. How much of an outsider Christopher must feel. I'd give anything in this world to help him -- do you suppose that he really doesn't believe that we love him? If we could ever get him to give something of himself I'm sure it would help him. He's so busy feeling unloved that he doesn't have time nor room to love anyone, or to realize that he does. It's breaking our hearts to have him so unhappy -- and believe me, I'll do my best to keep things on a positive basis. He just does beautifully as long as he gets his own way and doesn't have to do anything that he doesn't want to do, but it's pretty hard to keep it that way. For the time being, though -- I'm sure it's best and will try hard to keep it that way.
- d. Hugh and three other lesser lights from his grade . . . sat down with us. Of the four -- one was quick; the second somewhat of a wit, the third the guy whom everyone picks on (but likes) and the fourth -- Hugh. During their conversation, the wit picked on the fall guy by

turning him over, sitting on him and spanking him, the quiet one was the interested spectator and Hugh tried to participate by nudging and slightly pushing the wit during the latter's show and later -- all without much effect. Hugh was in the conversation and his remarks were also bright and witty, but he giggled when the others didn't, and got in the way physically to get attention. He seems just not satisfied to find the level where he belongs (according to the kid formula) and work up from there. But despite his evident distaste for any purposeful discussion along this line and his tendency to excuse any act or attitude that is taken exception to, somehow, I think he will catch on. Right now he's a sucker for "crowd glamor" and somewhat of what the kids call a "screw-ball."

e. I overheard Osage telling a boy who had asked to ride in it, "No, I have a cast on and can't ride your bike, and you don't have a cast on so you can't ride in my car." I have always encouraged Kitty to share, but I think Osage's attitude about her own car is the best one for her right now, so I kept quiet, after her superior reasoning! . . . We are having a new adjustment now, that of not being terrified when she falls, etc., but we do want her to go ahead in her progress without fear. Soon we'll be ready for the therapy and learning how to walk with her legs straightened out; but before that time and during it I know John, Kitty, Osage and I will have the patience it will require to face any adjustment.

f. Visit to the doctor's office after school. The doctor found Hugh in an excellent frame of mind, anticipating this visit since June. He had

high hopes of returning to boarding school after Thanksgiving or certainly after the Christmas holidays. . . . In fact, after completing his examination the doctor remarked that High is greatly improved. . . . However, the diet, with scarcely any additions, and the medicine must be continued. Hugh's first question (bright-eyed and happily expectant) "When can I go back to school, now or after Christmas?"

Doctor: "Not at any time, Hugh."

Hugh: "Do you mean not even after Christmas?"

Doctor: "Exactly. Not for the school year!"

Hugh: "Can't I go back in February?"

Doctor: "You heard what I said, not for the year!"

Hugh was shocked. He turned a little pale. The tears came to his eyes; he said nothing. We left. Downstairs and outside, complete silence. I finally said, "Let's go to the hobby shop before we get into the car." Hugh: "There's nothing in there" (kicking a little stone).

In the store, Hugh brushed furtively at his eyes. I looked about, but he moped and was disinterested. We got into the car in silence. After a few blocks, I felt I must break this silence. I: "Hugh, we're lucky there is an improvement. This really is a big step."

There the torrent broke loose -- (bad, ugly words I never thought he ever heard!)

Hugh: "What the hell good is that -- the damndocotor is just trying to

keep me from boarding school. He doesn't even let me go to the school I want to go to. That is the only thing I want and nobody will let me have it. Everyone is trying to keep me from my own school. I love my school and I want to go back. I hate this school. I hate the teachers. I hate the damn doctor. He's a devil he's worse than that -- He's a damn damn fool. What do you think I've tried for? Why do you suppose I've gone to this school? Why do you think I've kept on the diet? That damn doctor. I'd like to tell him what I think of him!" etc., etc. ("God damn" interspersed for good measure). Tears, yells, screams -- crying.

We arrived home, Hugh's dog ran to meet us and parked herself in his lap. I left them both sitting there comforting one another; Hugh's face was buried in her neck. From the window I watched them, Hugh racked with sobs, talking to himself, the dog his real consolation and comforter. After fifteen minutes, Hugh came inside, red-faced and tear-stained, and started it all over again the same tirade ending with: "I'd like to just tell that damn doctor a thing or two."

I: "That's a good idea, Hugh. Let's call him!"

Hugh: "O K and I'll talk to him. You can say anything you want to him, tell him what I think about him too, and don't butter it up either."

I told the doctor the situation in front of Hugh. The doctor said, "That is fine. Let him explode. Best thing in the world for him. Let me talk to him."

Hugh told the doctor: "It's a raw deal and you know it. All I want is to go to my own school and you won't let me. That's a damn dirty trick and I hate this other place and you won't let me do anything I want. I can cook my own food there and that's where I want to be."

The doctor listened to him sound off (with plenty of hells and damns thrown in for good measure), and then great silence while the doctor talked.

Hugh: "But, doctor, I don't mean you as a person -- I just mean professionally. Yes, Yes. Oh, no, not that."

The doctor told Hugh he could just go to another doctor, that he was through. He had done all he could for him. Hugh reported to me this message I washed his face and hands and suggested he rest upstairs on the bed.

After a 45-minute period, I went up to see how things were. Hugh is quietly reading in bed, no sign of tears, serene. From that moment on, no word has been mentioned about that tempestuous afternoon, no hint that anything unusual had happened. Hugh's disposition has been far gayer. He is even light-hearted on occasions, laughs out loud frequently and the change is definite.

II. EXCERPTS FROM DIARIES JUDGED UNSUCCESSFUL:

- a. As I explained in the second letter, nothing seems to bother me any more. The initial shock of seeing my youngsters (especially Wilma) grow from darlings who were loved by all, to the characters they turned out to be, has sort of worn off and I am taking it in my stride. If they enjoy having people dislike them and finding them annoying and

abnormal -- that is their lookout. I tried, goodness knows, to make them into proper citizens.

- b. You wondered about my attitude -- well, it is a feeling of "I don't care" the shock of her sudden sway from a sweet child to an ornery individual was so great that it was more than I could bear, but now -- well, as an instance, let me explain. A little friend of hers has some playground equipment in her back yard. Oh, how many times she has been told not to stand in the swings, and to "be careful" etc., etc. Just a week ago, she came dashing in (her friend along for "protection") and excitedly exclaimed, "You have to put something cold on my forehead." She looked at her father and me and neither of us moved a muscle when we saw the biggest bump we ever saw on anyone. Ordinarily I would have jumped for the ice tray and made the proper applications -- but I continued with what I was doing, washing Stan because we were leaving for the doctor's. She stood awhile longer and said, "Guess we should put something on it or it will get bigger." So you can see, that father never meddles into anything -- I could see by that one instance that that and EVERYTHING has been on my shoulders alone -- but that isn't surprising -- because everything around here is my job anyway. Later I told Daddy, "It seems so strange, but I had no desire to take care of the bump. Neither did I feel as though I should scold her. All I wanted to say was "Go ahead and do a better job next time!" It was not so long ago I would have up'ed with, "Now you keep away from those swings from now on. What are you trying to do, kill yourself?" So now, you have the story, and it is all because

I got out of a terrible rut by getting that little part-time job. It is something for you to pass along to others too. I always felt as though I should live for my children ALONE, nothing else seemed to matter. Now I have found other diversions. Please do not feel as though I am neglecting them, on the contrary.

- c. Please, what can I do? Do you have the least conception of what I am going through? Do you realize the patience I have shown these many years? Oh, how kind I have been to her! How I love her and pet her. Her teacher thinks that perhaps she gets too much attention, but then, you have said that too.
- d. He was on and off, on and off, then I asked Crosby, "Do you understand when I tell you to do something I mean for you to do just what I say and nothing else?" When I talk to him like that, it is just a joke to him. He laughs about it. I am getting so that I don't argue about it, I just don't say anything when he laughs, I just keep quiet. . . . Every time my sister sees Crosby she wants to know why is he so wild? And what makes him jump around so, and why does he talk so loud? She said it goes through her when he talks and makes her shiver. She asked, doesn't it bother me? I said, "I guess I am used to it, but I do keep telling him to lower his voice, and as for being wild, there isn't anything I can do about it." I can't hold him down unless I sat on him, and that wouldn't be for long.

APPROVAL SHEET

The dissertation submitted by Helen K. Pancerz has been read and approved by five members of the Department of Psychology.

The final copies have been examined by the director of the dissertation and the signature which appears below verifies the fact that any necessary changes have been incorporated, and that the dissertation is now given final approval with reference to content, form, and mechanical accuracy.

The dissertation is therefore accepted in partial fulfillment of the requirements for the Degree of Doctor of Philosophy.

January 30, 1959

Date

Charles P. Doyle, Jr.
Signature of Adviser